


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90171 033 ***158.75

DOCUMENT # P07000033968	
1. Entity Name UNIVERSAL PETROLEUM SERVICES, INC.	

Principal Place of Business 7014 A.C. SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256 US	Mailing Address 7014 A.C. SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04302008	Chg-P	CR2E034 (12/06)
4. FEI Number 20-8686521	Applied For	Not Applicable
5. Certificate of Status Desired	XX	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
LIESER, ALLEN R 7014 A.C. SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D EDGE, AUBREY L 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D FORNELL, RICHARD H 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D RAY, J. G JR. 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, DONNA A 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DAVID, STERN 7014 A.C. SKINNER PARKWAY, SUITE 290 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Edge, Aubrey L. 7014 A.C. Skinner Pkwy., #290 Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Norris, William V. 7014 A.C. Skinner Pkwy., #290 Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thompson, K. Scott 7014 A.C. Skinner Pkwy., #290 Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Allen, Kenneth 7014 A.C. Skinner Pkwy., #290 Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Aubrey L. Edge Date: 4/30/08 Daytime Phone #: (904)596-3200